Appeal: 14-4896 Doc: 19-2 Filed: 12/30/2014 Pg: 1 of 2

CJA 24 AUTHORIZATION AN 1. CIR./DIST./ DIV. CODE	2. PERSO	DER FOR PAYMENT OF TO DEPRESENTED Demond Floyd	RANSCRIPT (Rev. 0	1/08)	VOUCHER NUMBER			
. MAG. DKT./DEF. NUMBER	Tividino	4. DIST. DKT./DEF. NU 3:13CR258-6	JMBER	5. APPEALS DKT./DE	EF. NUMBER	6. OTHER DKT. NUMBER		
N CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY Felony Petty Offense		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE		
US v. Mario Demond Floyd		☐ Misdemeanor ☐ Other		☐ Juvenile Defendant ☐ Appelle		CJA		
1. OFFENSE(S) CHARGED (Cite 21:846(a)(1) & 841(b)	(1)(A); C	Conspiracy to dis	han one offense, list (t tribute & to po	up to five) major offenses o SSESS with intent	tharged, according to	severity of offense. Cocaine and c	ocaine base	
2. PROCEEDING IN WHICH TO Appeal 3. PROCEEDING TO BE TRAIN argument, defense argument, p	SCRIBED (I	Oescribe specifically) NO	be briefly)	ATION FOR TRA		ment, defense opening	statement, prosecutio	
r lear rearing field of 12	103/13			ground damonaca by me	Court (see nem 14).			
	SPECIAL AUTHORIZATIONS							
A. Apportioned Cost		ranscript with (Give case i	name and defendant)					
	pedited		☐ Hourly	☐ Realtime Unedited				
C. Prosecution Opening Defense Opening Sta	atement	☐ Prosecution Argu ☐ Defense Argumer	nt 🗆 Voir D	ition Rebuttal	Jury Instructions			
 In this multi-defendant of under the Criminal Justi 	case, commen ce Act.	cial duplication of transcri	ipts will impede the de	elivery of accelerated trans	script services to perso	ns proceeding		
. ATTORNEY'S STATEMENT				16. COURT ORDER				
As the attorney for the person reptranscript requested is necessar authorization to obtain the transcript to the Criminal Justice Act	v for adequ	ate representation. I, that the expense of the Unite	herefore request	Financial eligibility of satisfaction the author	of the person represent rization requested in It	ted having been estal tem 15 is hereby gran	olished to the Court's ted.	
Signature of A	70		Date	Signal	ture of Presiding Judg	e or By Order of the (Court	
D. Baker McIntyre III								
Telephone Number:	Nunc Pr	ro Tunc Date						
			CLAIM FOR	SERVICES				
COURT REPORTER/TRANSC	☐ Tra	nscriber Othe	г	18. PAYEE'S NAME /	AND MAILING ADD	PRESS		
). SOCIAL SECURITY NUMBER	OR EMPLO	DYER ID NUMBER OF P	AYEE		Telephone N	umber:		
. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original								
Сору								
Expense (Itemize)								
. CLAIMANT'S CERTIFICATION I hereby certify that the above clubes services.			ect, and that I have not	sought or received payme	TOTAL AMOU		m any other source for	
Signature of Claimant/Payee					Date			
CERTIFICATION OF ATTORN	EV OR CLI	A A	TTORNEY CI	ERTIFICATION				
CERTIFICATION OF ATTORN	NE I OR CEI	I nereby certify that	tne services were reno	tered and that the transcrip	ot was received.			
	signature of	Attorney or Clerk			Date			
. APPROVED FOR PAYMENT		APPROVED I	FOR PAYMEN	T — COURT USI	E ONLY			
	nature of Ju	dge or Clerk of Court			Data	24. AMOUNT	APPROVED	

Appeal: 14-4896 Doc: 19-2 Filed: 12/30/2014 Pg: 2 of 2

©CJA 24 AUTHORIZATION AN	D VOUCH	ER FOR PAYMENT OF T	TRANSCRIPT (Rev. (11/08/				
1. Chc/Dis1/DIV. CODE	Mario Demond Floyd			VOUCHER NUMBER				
3. MAG, DKT./DEF, NUMBER		4. DIST. DKT./DEF. N 3:13CR258-6	UMBER	5. APPEALS DKT./I	DEF. NUMBER	6. OTHER DKT	. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v. Mario Demond Floyd		8. PAYMENT CATEGORY Felony Petty Offense Misdemeanor Other		9. TYPE PERSON REPRESENTED Adult Defendant Appellant Juvenile Defendant Appeller		014		
11. OFFENSE(S) CHARGED (Cite 21:846(a)(1) & 841(b)	U.S. Code,	Title & Section) If more t	than one offense, list (i	up to five) major offenses	charged, according to	severity of offense.		
21:846(a)(1) & 841(b)	(1)(A); C	onspiracy to dis	tribute & to po	ssess with inter	nt to distribute	cocaine and	cocaine base	
		REQUESTAN	DAUTHODIZ	ATION FOR TR				
12. PROCEEDING IN WHICH TE Appeal	CANSCRIPT	IS TO BE USED (Descri	ibe briefly)					
13. PROCEEDING TO BE TRAN: argument, defense argument, pr Sentencing Hearing held	SCRIBED (L osecution re on 10/3(escribe specifically). NO buttal, voir dire or jury in.	TE: The trial transcri	pts are not to include pro ifically authorized by the	osecution opening state Court (see Item 14).	ment, defense openin	g statement, prosecution	
14. SPECIAL AUTHORIZATION:	S							
A. Apportioned Cost	A. Apportioned Cost % of transcript with (Give case name and defendant)							
B. □ 14-Day □ Ex	pedited	□ Daily	☐ Hourly	☐ Realtime Unedited				
C. Prosecution Opening		☐ Prosecution Argu		ation Rebuttal				
D. In this multi-defendant c		☐ Defense Argumen	at [] Voir Di	ino pro	Jury Instructions			
D. In this multi-defendant c under the Criminal Justic 15. ATTORNEY'S STATEMENT	e Act.	Mai duplication of franscri	ipts will impede the de	livery of accelerated tran	script services to perso	ns proceeding		
	mananta I - I			16. COURT ORDER				
As the attorney for the person repr transcript requested is necessary authorization to obtain the transcri to the Criminal Justice Act.				Financial eligibility satisfaction the author	of the person represen orization requested in It	ted having been esta em 15 is hereby gran	blished to the Court's ted.	
Signature of Att	- Comoxi	1	2/30/2014		100 mm 12			
	21110000000 0 000		Date	Signa	ature of Presiding Judge	e or By Order of the	Court	
D. Baker McIntyre III Printed Name (704) 522-8001 Date of Order Number								
Telephone Number: ✓ Panel Attorney ☐ Retaine	d Attorney	04) 522-8001		Date of	Orger	Nunc Pr	ro Tunc Date	
			egal Organization					
7. COURT REPORTER/TRANSCR	UBER STAT	rus	CLAIM FOR S	SERVICES 18. PAYEE'S NAME	AND MAIL DIG 155			
☐ Official ☐ Contract	☐ Tran	scriber		TATLE 3 NAIME	AND MAILING ADD	RESS		
19. SOCIAL SECURITY NUMBER	OR EMPLO	YER ID NUMBER OF P.	AYEE		Telephone Ni	umber		
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT	TOTAL	
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 CLAIMANT'S CERTIFICATION I hereby certify that the above claim these services. 			ct, and that I have not	sought or received paym	TOTAL AMOUN		m any other source for	
Signature of Claimant/Payee	8				Date		180	
2 CERTIFICATION OF A PROSE		A'	TTORNEY CE	RTIFICATION				
2. CERTIFICATION OF ATTORNI	3Y OR CLE	RK I hereby certify that t	the services were rende	ered and that the transcrip	ot was received.			
Si	gnature of	Attorney or Clerk			D			
	Bridge Of		OR PAYMEN	T — COURT US	Date FONLV			
3. APPROVED FOR PAYMENT				2 OCTI ON	BONET	24. AMOUNT	APPROVED	
Signa	ture of Jud	lge or Clerk of Court			Date			